



Department of Medical Assistance Services
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www.dmas.virginia.gov

MEDICAID MEMO

TO: All Home and Community Based Care Case Managers, Waiver Service Providers, and Managed Care Organizations Participating in the Virginia Medical Assistance Programs

FROM: Gregg A. Pane, MD, MPA, Director
Department of Medical Assistance Services

MEMO: Special

DATE: 9/15/2010

SUBJECT: Service Authorization Request Process Through KePRO -- Electronic Submission of SA Requests through iEXCHANGE™

The purpose of this memo is to inform waiver providers of the process for submitting electronic service authorization (SA) requests to KePRO, the Department of Medical Assistance Services' (DMAS) service authorization contractor and to notify providers of the change to the pend response timeframe.

In an effort to move towards a "paperless" system and to streamline the service authorization process, all waiver providers who submit PA requests to KePRO are strongly encouraged to do so via Direct Data Entry (DDE) using KePRO's web based iEXCHANGE™ system. Effective October 1, 2010, all information submitted to KePRO for review of a service authorization request, changes to existing cases, and additional information is strongly encouraged to be submitted via iEXCHANGE™. Virginia Medicaid providers have been successfully submitting requests to KePRO via iEXCHANGE™ since 2006. In 2010, the rate of iEXCHANGE™ use has significantly increased. There is a high level of satisfaction with this submission method, and few problems have been reported.

Training and Assistance

KePRO will offer frequent trainings regarding iEXCHANGE™ account set-up and information on how to submit requests via iEXCHANGE™. Please visit KePRO's website at <https://dmas.kepro.org/> for specific training information/schedules and a directory of available trainings that can be viewed at your convenience, including how to navigate the iEXCHANGE™ system. Click on the *Training* tab where you will see a link to *Scheduled Training Live and Recorded*, as well as a listing by review type of all training documents available for reading and download.

To attend a scheduled web based training:

Go to the KePRO website, <https://dmas.kepro.org>, click on the *Training* tab and you will see the *Scheduled Training Live and Recorded* link. This will take you to the live and recorded sessions.

Registration is not required to attend KePRO's live web presentations, but space is limited to 100 attendees. All recorded training will be available to you to view at your convenience at any time.

Benefits of iEXCHANGE™

Using iEXCHANGE™ has many advantages. Among the benefits are:

- Eliminating transcription errors;
- Eliminating rejected cases when basic demographic information is not included;
- Increasing speed of reviewer access to SA requests – cases submitted go directly to a review queue;
- Confirmation of successful submissions occurs in real time at the time of submission; and
- PA requests, updates and case viewing are available at any time, from virtually anywhere high speed internet access is available. Once a SA number has been generated, it is available for viewing in iEXCHANGE™.

Registration is required to access and use iEXCHANGE™. You must have an iEXCHANGE™ account before submitting information through iEXCHANGE™. To register for an iEXCHANGE™ account, please have the following information ready to enter on the registration site: 1) Remittance Advice (RA) payment address ("Pay To" address); **and either** 2) 1099 total amount (current year to date total); **or** 3) last Remittance date (last payment date). It may be necessary to contact your agency's Business Office or Billing Department for this information. You may register at <https://dmas.kepro.org/>. Simply click on the "First time registration for iEXCHANGE" button and you will be prompted through the registration process and assigned a password after registering. Your password will be sent via e-mail and may take up to 10 business days to receive after completing the registration process. Early registration is strongly encouraged; it is strongly recommended that you register during September 2010 in order for providers to get passwords and set up accounts prior to the implementation date. This will ensure that you will be able to access and use iEXCHANGE™ by October 1, 2010. Once you receive your password, you will be able to set up your account, specify users within your organization, and customize your account. Early registration is encouraged, as all timely submission requirements remain in effect after October 1, 2010. Providers who have registered for iEXCHANGE™ use for the other services (e.g. outpatient requests) do not have to register a second time to submit waiver authorization requests.

Available Tools to Assist in Submitting Waiver Service Authorization Requests

KePRO has developed a tool for each waiver service requiring SA through KePRO to assist providers in submitting appropriate clinical information via iEXCHANGE™. For waiver services, KePRO has developed questionnaires which are embedded within the iEXCHANGE™ system to assist with submissions for SA. The purpose of these questionnaires is to assist providers regarding the type of clinical information needed for each request, and how to provide concise, focused SA requests with appropriate clinical information. The information within the existing questionnaires has been significantly reduced and will take less time to complete. These questionnaires may be printed and used as a tip sheet for all of the important items to include in your request. Using these

questionnaires and referring to them during the submission process will decrease the number of cases pended by KePRO for missing or additional information, and will speed up the processing time. All questionnaires will be available in iEXCHANGE™ beginning October of 2010.

When entering a case via iEXCHANGE™ for any of the available waiver procedure codes, a link to the appropriate questionnaire will be available in the case. When fully completed, the questionnaire includes all of the information necessary to make an authorization decision.

Change in Pend Response Time

Effective September 1, 2010, when the service authorization (SA) contractor, KePRO, pends your service authorization request for additional information in order to complete the review, the provider's response to this request will be required within 5 business days. It is anticipated that this change will assist with decreasing the time required to complete the processing of service authorization requests received.

If your service authorization must be pended for additional information, you will receive a fax notification at the fax number provided with your service authorization request, which will be inclusive of the specific date the additional information is due to the SA Contractor. KePRO will attempt to process the request if the additional information is not submitted within the specified time frame, however with the lack of requested information, the final determination may result in a denial of the requested service. If you have any questions regarding this change to the processing of your SA request, please contact the DMAS Service Authorization and Utilization Review Unit at 804-225-3536.

<u>KePRO Contact Information</u>	<u>DMAS Contact Information</u>
E-Mail: ProviderIssues@kepro.org Customer Service Assistance: Toll Free 1-888-VAPAUTH (1-888-827-2884) Local Phone: (804) 622-8900 http://dmas.kepro.org/	E-Mail: PAUR06@dmas.virginia.gov PAUR Unit Phone: 804-225-3536 DMAS Provider Helpline: 800-552-8627 (in-state long distance) 804-786-6273 (local and out-of-state) www.dmas.virginia.gov

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the ACS Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 A.M. to 5:00 P.M. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via iEXCHANGE™ at <http://dmas.kepro.org/>.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666
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REQUESTS FOR DUPLICATE REMITTANCE ADVICES

In an effort to reduce operating expenditures, requests for duplicate provider remittance advices are no longer printed and mailed free of charge. Duplicate remittance advices are now processed and sent via secure email. A processing fee for generating duplicate paper remittance advices has been applied to paper requests, effective July 1, 2009.

ALTERNATE METHODS TO LOOK UP INFORMATION

As of August 1, 2009, DMAS authorized users now have the additional capability to look up service limits by entering a procedure code with or without a modifier. Any procedure code entered must be part of a current service limit edit to obtain any results. The service limit information returned pertains to all procedure codes used in that edit and will not be limited to the one procedure code that is entered. This is designed to enhance the current ability to request service limits by Service Type, e.g., substance abuse, home health, etc. Please refer to the appropriate Provider Manual for the specific service limit policies.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.